

City of Reading

Campaign Finance Disclosure Statement

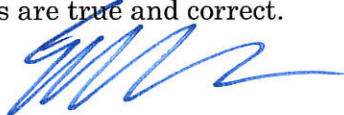
City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

Edward L. Perkins

Printed Name



Signature

2/1/16

Date

RECEIVED
1 2016

BY: mak

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

PAGE 1 of 5

| | | | | | | | | |
|---|---------|--------------------------|-----------|--------------------------|-----------|-------------------------------------|----------|--------------------------|
| Filer Identification Number | | Report Filed By (Mark X) | Candidate | <input type="checkbox"/> | Committee | <input checked="" type="checkbox"/> | Lobbyist | <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist | | Friends of Wally Scott | | | | | | |
| Street Address | | 106 N. 9th St. | | | | | | |
| City | Reading | State | PA | Zip Code | 19601 | | | |

Type of Report (Place x under report type)

| | | | | | | | | |
|--|---------------------------------------|--------------------------|--|---|--------------------------|-------------------------------------|---|------------------------------|
| 1- 6 th Tuesday Pre-Primary | 2- 2 nd Friday Pre-Primary | 3- 30 Day Post Primary | 4- 6 th Tuesday Pre- Election | 5- 2 nd Friday Pre- Election | 6- 30 Day Post Election | 7- Annual | Special 2 nd Friday Pre-Election | Special 30 Day Post-Election |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Date Of Election (MM/DD/YYYY) | | 11/03/2015 | Year | 2015 | Amendment Report | <input type="checkbox"/> | Termination Report | <input type="checkbox"/> |

| Summary of Receipts and Expenditures | From Date | To Date | For Office Use Only |
|--|------------|------------|---------------------|
| | 11/24/2015 | 12/31/2015 | |
| A. Amount Brought Forward From Last Report | \$ | 1,743.10 | |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$ | 2,025.00 | |
| C. Total Funds Available (Sum of Lines A and B) | \$ | 3,768.10 | |
| D. Total Expenditures (From Schedule III) | \$ | 0.00 | |
| E. Ending Cash Balance (Subtract Line D from Line C) | \$ | 3,768.10 | |
| F. Value of In-Kind Contributions Received (From Schedule II) | \$ | 0.00 | |
| G. Unpaid Debts and Obligations (From Schedule IV) | \$ | 8,695.77 | |

Affidavit Section

Part I- If this is a **Committee** report, treasurer sign here. If this is a **Candidate** report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this

10th day of February 20 16

M. Theresa Citrenbaum

COMMONWEALTH OF PENNSYLVANIA

My Commission expires
NOTARIAL SEAL
M. THERESA CITRENBaum, Notary Public
MO. DAY, Delaware County

Signature of Person Submitting report

Edward L. Perkins

Printed Name

(610)

Area Code

565-1708

Daytime Telephone Number

Part II- If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO.320) as amended.

Sworn to and subscribed before me this

1st day of February 20 16

Nancy Ann Rivera-Torres

Signature

My Commission expires 3/24/2017
MO. DAY YR.

Signature of Candidate

Wally Scott

Printed Name

(610)

Area Code

772-3191

Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA

Notarial Seal

Nancy Ann Rivera-Torres, Notary Public
City of Reading, Berks County
My Commission Expires March 24, 2017

MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
Contributions and Receipts
Detailed Summary Page

PAGE 2

| | | | |
|---|-----|----|----------|
| Filer Identification Number | | | |
| 1. Unitemized Contributions and Receipts-\$50.00 or Less per Contributor | | | |
| Total for the reporting period | (1) | \$ | 0.00 |
| 2. Contributions of \$50.01 to \$250.00 (From Part A and Part B) | | | |
| Contributions Received from Political Committees (Part A) | | \$ | 0.00 |
| All Other Contributions (Part B) | | \$ | 0.00 |
| Total for the reporting period | (2) | \$ | 0.00 |
| 3. Contributions Over \$250.00 (From Part C and Part D) | | | |
| Contributions Received from Political Committees (Part C) | | \$ | 0.00 |
| All Other Contributions (Part D) | | \$ | 2,025.00 |
| Total for the reporting period | (3) | \$ | 2,025.00 |
| 4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E) | | | |
| Total for the reporting period | (4) | \$ | 0.00 |
| Total Monetary Contributions and Receipts during this reporting period <i>(Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)</i> | | \$ | 2,025.00 |

PART D
All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part C)

PAGE 3

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | | |
|---|----------------|--|--------------------------------------|----|-------------------|-------------------|----------------|--------|
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 300.00 |
| Ubaldo Sanchez | | | | | 12/30/2015 | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Employer Name | | | Super Natural Produce | | | Occupation | Grocer | |
| Employer Mailing Address / Principal Place of Business | | | 1350 12th St., Reading, PA 19604 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 500.00 |
| Kelly Huff | | | | | 12/31/2015 | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 4305 | Sylvan Drive | | | | | | | |
| City | Reading | | State | PA | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | 19606 | | | |
| Employer Name | | | Self-Employed | | | Occupation | Property Owner | |
| Employer Mailing Address / Principal Place of Business | | | 4305 Sylvan Drive, Reading, PA 19606 | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 400.00 |
| | | | | | 12/30/2015 | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| 832 | Gordon St. | | | | | | | |
| City | Reading | | State | PA | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | 19601 | | | |
| Employer Name | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |
| Full Name of Contributor | | | | | Date [MM/DD/YYYY] | | \$ | 825.00 |
| | | | | | | | | |
| House # | Street Address | | | | Date [MM/DD/YYYY] | | \$ | |
| | | | | | | | | |
| City | | | State | | Zip Code | Date [MM/DD/YYYY] | | \$ |
| | | | | | | | | |
| Employer Name | | | | | | Occupation | | |
| Employer Mailing Address / Principal Place of Business | | | | | | | | |

SCHEDULE IV

Statement of Unpaid Debts

PAGE 4

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | |
|---------------------|------|---------------------------|----------------|------------------------------------|----------|-----------------------------|----------|
| Name of Creditor | | Blind Hartman's Tavern | | | | Outstanding Balance of Debt | |
| House # | 2910 | Street Address | Pricetown Rd. | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 1,131.65 |
| City | | Temple | State | PA | Zip Code | 19560 | |
| Description of Debt | | Cocktail Party Fundraiser | | | | | |
| Name of Creditor | | Cynthia A. Castner | | | | Outstanding Balance of Debt | |
| House # | 1611 | Street Address | Cleveland Ave. | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 291.47 |
| City | | Wyomissing | State | PA | Zip Code | 19610 | |
| Description of Debt | | Campaign Door Hangers | | | | | |
| Name of Creditor | | Cynthia A. Castner | | | | Outstanding Balance of Debt | |
| House # | 1611 | Street Address | Cleveland Ave. | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 881.87 |
| City | | Wyomissing | State | PA | Zip Code | 19610 | |
| Description of Debt | | Slate Cards | | | | | |
| Name of Creditor | | Cynthia A. Castner | | | | Outstanding Balance of Debt | |
| House # | 1611 | Street Address | Cleveland Ave. | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 79.00 |
| City | | Wyomissing | State | PA | Zip Code | 19610 | |
| Description of Debt | | Tickets for Fundraiser | | | | | |
| Name of Creditor | | Met-Ed | | | | Outstanding Balance of Debt | |
| House # | | Street Address | PO Box 16001 | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 111.78 |
| City | | Reading | State | PA | Zip Code | 19612 | |
| Description of Debt | | Electric Bill | | | | | |
| Name of Creditor | | Domingo Tejada | | | | Outstanding Balance of Debt | |
| House # | 237 | Street Address | S. 5th St. | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 700.00 |
| City | | Reading | State | PA | Zip Code | 19602 | |
| Description of Debt | | Headquarters Rent | | | | | |

SCHEDULE IV

Statement of Unpaid Debts

PAGE 5

Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

| | |
|------------------------------|--|
| Filer Identification Number: | |
|------------------------------|--|

| | | | | | | | | |
|---------------------|-----|------------------------|--------------------|----|------------------------------------|-------|-----------------------------|----------|
| Name of Creditor | | Matilde R. Sotomayor | | | | | Outstanding Balance of Debt | |
| House # | 3 | Street Address | Spring Valley Rd. | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 2,500.00 |
| City | | Reading | State | PA | Zip Code | 19605 | | |
| Description of Debt | | Return of Contribution | | | | | | |
| Name of Creditor | | Lamar Advertising | | | | | Outstanding Balance of Debt | |
| House # | 600 | Street Address | East Neversink Rd. | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | 3,000.00 |
| City | | Reading | State | PA | Zip Code | 19606 | | |
| Description of Debt | | Campaign Advertising | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |
| Name of Creditor | | | | | | | Outstanding Balance of Debt | |
| House # | | Street Address | | | DATE DEBT INCURRED [MM/DD/YYYY] | | \$ | |
| City | | | State | | Zip Code | | | |
| Description of Debt | | | | | | | | |